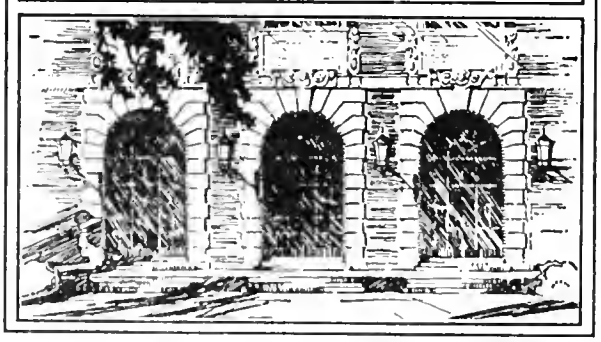

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HEALTH SYSTEMS AND HEALTH PLANNING IN INTERNATIONAL PERSPECTIVE

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HEALTH SYSTEMS AND HEALTH PLANNING IN INTERNATIONAL PERSPECTIVE

Editor

Ray H. Elling, Ph.D.*

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Introduction

In the summer of 1969, the Asilomar Workshop-Conference on Cross-National Studies of Medical Care was jointly sponsored by the International Committee of the Medical Sociology Section, American Sociological Society and the International Committee of the Medical Care Section, American Public Health Association. Funds in support of the Workshop - Conference were provided by the National Center for Health Services Research and Development. Papers from that effort were published in Medical Care 9 (May-June, 1971). Due to space limitations, the following annotated bibliographies could not be printed with their respective articles. For the fullest understanding of the context in which the bibliographies were developed, the reader is advised to consult this special issue of Medical Care.

*Professor and Head Social Science Division, Department of Clinical Medicine and Health Care University of Connecticut Health Center, Hartford. Currently on leave of absence as Chief, Behavioral Science Unit, Division of Research, W.H.O, Geneva.

Due to the untimely death of our colleague, Dr. Edward Suchman, his work could not be included in the above publication or here. But his contribution of inspiration and hard work is here gratefully acknowledged.

The untimely, but later death of another outstanding colleague, Dr. E. Richard Weinerman, allowed the inclusion of his paper and bibliography in the above publication. The bibliography is published here with permission of the publisher. Again, the outstanding leadership and contributions of Dr. Weinerman to the field in general and the Asilomar endeavor in particular are here greatfully acknowledged.

Planning in the health field has been variously conceived and pursued across the world. Sometimes the goals are broad and are inextricably bound with the economy, education, and the way of life. Sometimes the goals are targeted and more narrowly "health" or even disease-oriented. Sometimes the structure for planning is fractionated in a multitude of ways. Sometimes it is highly centralized and integrated. There are also important variations in the locus of the effort in relation to the effective power structure of a nation and in the processes and techniques employed including modes of communication, citizen-participation and evaluative efforts.

The startling thing is that although major spheres of human endeavor are today influenced by, if not determined by, planning structures and processes, there is next to no empirical work of a systematic sort comparing planning efforts. The above publication and these bibliographies attempt to cover what work there is available in English.

The bibliographies of Syme and Weinerman are included here as reflecting much of the content about which planning takes place. The occurrence of disability of one kind or another is an essential part of the substance of health planning, for it is the-pattern of such occurrence and the treatment of disability once it occurs which health planners seek to improve. (Here in Syme's work, special attention is given to coronary disease as an example of a problem particularly worthy of more study cross-nationally). The health system (Weinerman's bibliography) is seen here as an instrument through which planning efforts operate to have an effect on the health level of a population. The development of a more rational array and distribution and organization of health manpower is often a long-term planning problem because of lead time necessary in human resource development. The problem of coordinating health organizations, financing care, and setting and pursuing priorities are central concerns of health system planning. Obviously there are overlaps between these several spheres.

Although no annotated bibliography could be included here, utilization of health services and orientations toward health and health services were covered in the Asilomar work cited above.

Contributions of Social Epidemiology to the Study of Medical Care Systems:

The Need for Cross-Cultural Research

Prepared by

S. Leonard Syme, Ph.D.
Professor of Epidemiology
School of Public Health
University of California
Berkeley, California

ANNOTATED BIBLIOGRAPHY

1. Davis K. Population policy: Will current programs succeed? Science, 730-739, 1967.

This interesting paper illustrates the importance of developing an adequate data base prior to initiating program planning and implementation activities. Evidence is given to support the conclusion that current birth control programs will not enable a government to control population size. The tendency to become involved in "action programs" prior to the acquisition of adequate data may in fact result in the postponement of effective program activities.

2. National Center for Health Statistics. Vital Statistics of the United States, Vol. II, Part A. Washington, D.C., U.S. Government Printing Office, 1966.

3. Pell S., C.A. D'Alonzo. Immediate mortality and five-year survival of employed men with a first myocardial infarction. New Eng. J. Med., 270:915-922, 1964.

4. Kannel W.B., A. Kagan, T.R. Dawber, N. Rovotskie. Epidemiology of coronary heart disease: Implications for the practicing physician. Geriatrics, 17:675-697, 1962.

5. Kuller L., A. Lilienfeld, R. Fisher. Epidemiological study of sudden and unexpected deaths due to arteriosclerotic heart disease. Circulation, 34:1056-1068, 1966.

6. Shapiro S., E. Weinblatt, C.W. Frank, R.V. Sager. The H.I.P. study of incidence and prognosis of coronary heart disease. J. Chronic Dis. 18:527-558, 1965.

These papers provide findings which dramatize the importance of primary prevention programs in coronary heart disease. The data from the National Center for Health Statistics show

that over 600,000 persons die annually from this disease. Approximately 165,000 of these deaths occur in persons under 65 years of age with a much greater toll among males than females. The Pell and D'Alonzo paper shows that for each fatality, at least two nonfatal, partially disabling events occur. Kannel et al show that on the average, a healthy American man has one chance in five of developing clinical coronary disease before age 60. The Kuller paper shows that about 1/3 of first heart attacks are acutely fatal and that many of the deaths occur within 60 minutes of onset of symtoms, often before any medical care can be summoned. The Shapiro report indicates that persons who recover from a first attack are about 5 times as likely to die in the next 5 years as persons of the same age, sex, and race without a history of previous coronary heart disease.

7. Levin M.L., P.R. Scheehe, S. Graham, O. Glidewell. Lactation and menstrual function as related to cancer of the breast. Amer. J. Public Health, 54:580-587, 1964.

This is a study of hospital patients at Roswell Park Memorial Institute, N.Y. Patients with short histories of lactation (up to 17 months) exhibited an increased risk of breast cancer, while the risk of breast cancer was lower in women with longer lactation histories (up to 36 months). Although the size of the risk differentials was small, applied over the entire life-span, the authors believe this might account for a significant portion of the five-fold higher breast cancer incidence in the U.S. as compared with Japan since very few American women nurse more than 36 months while in Japan, many more women lactate for such extensive time periods. This study illustrates the necessity of initiating studies in countries where the range of variation in significant variables is wider than in the United States.

8. White K.L., J.H. Murnaghan. International comparisons of medical care utilization, a feasibility study. National Center for Health Statistics, Series 2, Number 33, June 1969, 74 pp.

This very important report describes a sample survey to produce data on medical care utilization from which valid comparisons could be made between different countries having different customs, systems of medical care, and demographic characteristics. The study was conducted in Chester, England, Smederevo, Yugoslavia and Burlington, U.S.A. Identical procedures were used to collect data on utilization of medical services from doctors, dentists, nurses, and other providers of care. These data were studied in relation to demographic factors, measures of perceived morbidity, extent and accessibility of medical care personnel and facilities, and the people's attitudes toward medical care. Structured household

interviews were conducted in a probability sample in each area of approximately 300 households, comprising about 1,000 persons. People in the three areas appear to consult doctors in much the same way, while patterns of hospital utilization vary substantially. Also, the amount of consultation for curative services is apparently unrelated to the supply of doctors in the three areas. This research approach, with modification, is now being used in Argentina, Canada, Finland, Poland, U.K. and the U.S.A.

9. Mann G.V., R.D. Shaffer, A. Rich. Physical fitness and immunity to heart-disease in Masai. Lancet, 2:1308-1310, 1965.

This study of the pastoral Masai of Tanzania provides an opportunity to examine the hypothesis that diets high in saturated fats are associated with higher serum cholesterol levels and with an increased risk of developing coronary heart disease. Masai men have a diet which is almost exclusively restricted to meat, milk, and blood until they achieve the age of 45. In spite of this high fat diet, the Masai cholesterol levels are among the lowest ever recorded in the world and coronary heart disease is said to be nonexistent.

10. Gordon T. Mortality experience among the Japanese in the United States, Hawaii, and Japan. Public Health Rep., 72:543-553, 1957.

This paper examines mortality rates for Japanese living in the continental United States, Hawaii, and Japan. For coronary heart disease, Japanese in the continental U.S. have very high death rates while Japanese in Japan have very low rates. The reverse is true for stroke mortality rates. In both cases, Japanese living in Hawaii have intermediate rates. These gradients provide interesting opportunities for cross-cultural sociological research.

11. Acheson R.M. (ed). Comparability in international epidemiology. Milbank Mem. Fund Quart., 43:1-432, 1965.

This volume contains 39 papers concerned with problems of comparability in international epidemiological studies. These papers together with a series of valuable discussions are drawn from an international conference sponsored jointly by the International Epidemiological Association and the Milbank Memorial Fund. The major focus of the volume is to describe and compare the occurrence of specific disease conditions in relation to such social and environmental factors as diet, occupation, and stress with special attention devoted to technical problems of comparability. The papers cover the following general topics: ischemic heart disease, chronic respiratory disease, arthritis, psychiatric disorders, diarrheal diseases, medical care problems, survey

methods in general populations, and surveillance methods in the control of communicable disease. This is a very useful collection of papers written by recognized authorities who analyze a series of critically important methodologic issues in a systematic and comprehensive manner. Each paper includes valuable references and the index is thorough.

12. Pemberton J. (ed). Epidemiology: Reports on Research and Teaching. London, Oxford University Press, 1963.

This book is largely, though not exclusively, concerned with epidemiological investigations of noncommunicable disease. The papers were selected from those given at the Third Scientific Conference of the International Epidemiological Association held in Korcula, Yugoslavia in 1961. Papers are grouped under the following headings: cancer, diarrheal disease, arterial pressure, occupational disease and accidents, neurological disease, and anemia and nephropathy. Consideration is given to problems, involved in standardization of diagnostic techniques. This is an interesting volume with useful references.

13. Stamler J., R. Stamler, T.N. Pullman (eds). The Epidemiology of Hypertension: Proceeding of an International Symposium. New York, Grune & Stratton, 1967, 472 pp.

This volume is a collection of papers presented at an international symposium in Chicago. The topics covered include genetics, familial factors, race and nationality, diet, smoking, socio-cultural factors, psychological factors, and problems of early detection and preventive programs. All of the papers are based on cross-cultural experience or have clear implications for such comparison. A most valuable addition to this volume is the fact that the transcript of discussions which followed each paper is provided. While this is a comprehensive, thorough review of international research relating to one health problem, this collection has clear relevance for cross-cultural studies of a wide variety of health problems and methodologic issues.

14. Syme S.L., L.G. Reeder (eds). Social stress and cardiovascular disease. Milbank Mem. Fund Quart. 45, No. 2, Part 2, 1967, 192 pp.

This is a report of a conference convened to systematically examine the work which had been done to date on the relationship of socio-environmental stress to cardiovascular disease and to suggest avenues of future fruitful work. Review papers are provided in three major areas: socio-cultural incongruity and change, social and demographic characteristics, and interpersonal and psychological characteristics. Discussions and interpretations of these review papers are contained in 8 additional commentaries. An extensive series of bibliographies is included.

15. Rose G.A., H. Blackburn. Cardiovascular Survey Methods, WHO Monograph 56, Geneva, 1968, 188 pp.

While this monograph is primarily concerned with epidemiologic research in the cardiovascular diseases, the principles and concepts which are presented have much wider and more general applicability. The focus is on methods of research necessary to insure comparability. Considerable attention is given to cross-national studies. The book is divided into four sections: One section deals with principles of measurement; one with survey and examination techniques; a third with specific examples of questionnaires, interview guides, data analysis methods, and means of reporting repeatability tests; a fourth section offers an extensive list of over 200 references.

16. Barrow J.G., C.B. Quinlan, G.R. Cooper, V.S. Whitner, M.H.R. Goodloe. Studies in atherosclerosis: III, An epidemiologic study of atherosclerosis in Trappist and Benedictine monks, a preliminary report. Ann. Intern. Med., 52:368-377, 1960.

Members of two religious communities in the U.S. were studied: 80 Trappist monks who are lacto-ovo-vegetarians and a control group of Benedictine monks who have a diet ostensibly comparable to that of the average American. Each sample represented over 90% of the religious communities. This study reports that the communities are similar in many respects: they are white American males living in cloistered communities devoted to the same religious ideals and exposed to similar cultural climates. They were found to differ in the following ways: on the average, the Trappists derive 26% and the Benedictines 45% of their calories from fat; the Trappists are silent contemplates, leading a life of prayer and manual work and engaging in no activities outside the monastery, while the Benedictine have additional obligations in the form of teaching and preaching. The group of Trappists appear to have significantly lower levels of most serum lipid constitutents.

17. Enterline P.E., W.H. Stewart. Geographic patterns in deaths from coronary heart disease. Public Health Rep., 71:849-855, 1956.

For 1950, the age-adjusted death rates for coronary heart disease for white males and for white females were roughly twice as high in some states of the U.S. as in others. Geographic differences in death rates are reflected in the death rates for all causes. Moreover, death rates for two disease categories that might be used in lieu of coronary heart disease show no tendency to be negatively associated with the rates for coronary heart disease. Whatever factors are responsible, they appear to affect males and females in about the same manner. Geographic differences do not seem to be due to any large extent to differences in urbanization since they persist if rural areas are examined separately. Some of the current theories as to the importance of various factors in the etiology of coronary heart disease might be investigated profitably by studying the populations in the areas of the U.S. with low and high death rates for this disease.

Selected Annotated Bibliography of Publications Available in English on Health Planning in International Perspective

R. Elling, Ph.D.

Since the paper was in significant part devoted to literature review, the reader is advised to consult the text and footnotes for additional pertinent references.

Aiken, M. and J. Hage. "Organizational Interdependence and Intra-organizational Structure" American Sociological Review 33 (Dec. 1968) 912-930.

Examining earlier work on organizational control and support, hypothesizes and finds cooperation between autonomous organizations when both stand to gain more support. An important piece.

Anderson, Nancy N. Comprehensive Health Planning in the States: a study and critical analysis. Minneapolis: Institute for Interdisciplinary Studies, American Rehabilitation Foundation, Dec. 1968.

Through contact with regional offices of the Public Health Service and letter contact with all 50 states, 12 states with relatively active planning programs established under P.L. 89-749 were visited for 3-4 days by two researchers. A typology of planning approaches seemed to evolve based on differences in (1) participants in the planning process; (2) distribution of power; (3) placement of the planning structure in government or in the voluntary sector; (4) information development methods; (5) the purposes which each type seemed to best serve. The types were "cooperative," "managerial," "regulatory." One of the very few comparative, empirical studies of planning.

Arnold, Mary F. "Basic Concepts and Crucial Issues in Health Planning," American Journal of Public Health 59 (Sept. 1969) 1686-16967.

Focussed around the Comprehensive Health Planning legislation or program and its ineffectiveness in the face of competing programs and lack of authority, this thoughtful and provocative article asks whether the U.S. is moving toward a planning society or a planned society.

Arnold, Mary F. and Douglas L. Hink. "Agency Problems in Planning for Community Health Needs," Medical Care 6, (Nov.-Dec. 1968) 454-466.

Surveying earlier work by Levine and White, Morris, Hochbaum and others, the factors of joint agency crises, threats to domains, centralization of power and authority are examined. The agencies' definitions of community health needs are examined in relation to agency characteristics and needs. The lack of effective mechanisms on the U.S. scene for allocating responsibilities among agencies is noted and some functions of a properly formed planning agency are suggested.

Badgley, Robin (ed.) Social Science and Health Planning; Culture, Disease and Health Services in Colombia Part 2, The Milbank Memorial Fund Quarterly 46, (April 1968).

Report of a conference on the Colombian Study of Health Manpower and Medical Education with prepared papers and discussion. Represents well the needs-resources approach to study and planning. In addition to pieces on the study, prepared papers are included by Kerr White; Robert Logan, Margaret West; Milton Roemer; Dieter Zschock; J.S. McKenzie-Pollock; Ray Elling; Antonio Hernandez Prada; Alfonso Mejio and Raul Paredes. Commentaries by a number of noted authorities are included.

Baker, Timothy D. and Mark Perlman. Health Manpower in a Developing Economy: Taiwan, A Case Study in Planning. Baltimore, Md.: The Johns Hopkins Press, 1967.

Needs - resources, economic projection by outside experts with the sophistication of carefully gathered data and, to make the projections, a new variant of multiple variable analysis (authored by William Reinke, entitled "Multisort Analysis"--Appendix I).

There is too little attention given to the class structure and cultural definitions of a physician, disease, etc. The work is an interesting item of data for students of planning. It is not itself a study of planning.

Barry, M.C. and C.G. Sheps. "A New Model for Community Health Planning," American Journal of Public Health 59 (Feb. 1969) 226-236.

The case of Cleveland is examined with the focus on the dynamics between professional power centers and different types of citizen power and involvement.

Benjamin, B. Social and Economic Factors Affecting Mortality. Paris: Mouton, 1965.

This is Vol. V in the Confluence Series of surveys of research in the social sciences edited by the International Committee for Social Sciences Documentation supported by the International Social Science Council and UNESCO. An excellent examination of conceptual and methodological problems involved in untangling factors of genetics, level of living, medical care programs, nutrition, occupation, urbanization, housing, marital status, climate and geography, social class, education, and culture or style of life. Valuable bibliography is presented in relation to each of these areas. The problem for planners is that there is clearly a broadly interwoven multivariate set of conditions affecting the level of mortality. It is clearly not adequate to consider medical care systems alone. The author urges more investment in multivariate prospective studies. The focus is on the United Kingdom, but examples are drawn widely.

Best, Wallace H. Developing Health Records as a Regional Resource. Boston: Harvard School of Public Health, 1963 (reproduced).

Useful introduction to the problems of comparable collection, storage interpretation and use of health and social data, especially in a pluralistic or fractionated system such as the United States has. The work is not adequate in consideration of the uses of data in bringing about change. Nor is it always clear whose purposes and problems are to be addressed by centrally stored data.

Blum, Richard and Eva Blum, assisted by Anna Amera and Sophie Kallifatidou. Health and Healing in Rural Greece. Stanford, California: Stanford University Press, 1965.

This study is based on intensive fieldwork in two peasant villages and one shepherd encampment, where,in cooperation with the Greek Ministry of Health, the authors conducted the first Greek morbidity study. They compared villagers' own views of their health with medical findings and isolated the factors that determined the extent to which the villagers cooperated in medical care programs. Their findings should point the way toward improving the administration of technological aid and public health programs, both in Greece and in other countries with similar problems.

Three introductory chapters describe the communities studied and the chief themes and patterns of Greek rural life, ancient as well as modern. Subsequent chapters present information on birth, abortion, death, and disease in the area studied, and describe how villagers treat illness and what they know about

hygiene. Special attention is given to their conceptions of disease; several distinct belief systems, each with its own set of assumptions about the nature, cause, and control of illness, are identified. Folkhealing is analyzed, and case descriptions of the personalities and the work of folkhealers --wise women, wizards, and hand-healers--are presented. Forces contributing to discord between pre-Christian and Orthodox traditions, are also discussed, together with their significance for healing, conflict, and social change.

There is inadequate attention to national organization of the health care and health care planning systems and inadequate attention to political structure and vagaries as these bear upon the health system at national and local levels.

Morbidity data is open to the usual range of methodological questions, still there was an overall 70% rate of participation in medical exams offered in the three communities and a valuable methodological appendix assesses the issues.

There is a list of references and general bibliography.

Bodenheimer, T.S. "Regional Medical Programs; No Road to Regionalization," Medical Care Review 26 (Dec. 1969) 1125-1166.

Detailed extremely valuable consideration of empirical studies and general considerations which make it unlikely that the RMP legislation and program can achieve regionalization of health care in the United States. Does not give adequate attention to the dangers of medical school centers becoming exploitative, technologically-based complexes rather than supportive service centers as developed in HEALTH PAC'S book The American Health Empire.

Boguslaw, Robert. The New Utopians: A Study of Systems Design and Social Change. Englewood Cliffs, New Jersey: Prentice Hall, 1965.

Comprehensive review of the in-puts of industrial engineering and other disciplines to the planning field with clear recognition that the primary issues are not computerized technologies but values and power.

Boulding, Kenneth E. Beyond Economics. Ann Arbor: University of Michigan Press, 1968.

An example of planning conceived as goal oriented, rather than in terms of a static needs-resources conception. We are too concerned with economic indeces per se. Planning should help us "to realize an image of the future."

Braybrooke, David and C. Lindblom. Strategy of Decision: Policy Evaluation as a Social Process. New York: The Free Press of Glencoe, 1963.

Facing the voluntary pluralistic realities of the American scene, the authors come up with a recommended planning method which they dub "disjointed incrementalism."

Brotherston, John H.F. "Change in the National Health Service," Scottish Medical Journal 14 (1969) 130-144.

Penetrating examination of the interweaving of social change and medicine. After noting the lengthening of life, rising public interest in and demand for medical care, and rising education and general productivity of the economy, the article addresses the fundamental consequences for the health service and problems toward which planning for the reshaping of the health service must be directed:

-development of a sophisticated public opinion regarding the health service;
-the rising demand for leisure hours on the parts of G.P.'s, house officers, and other physicians;
-the need to abandon the "safe" doctor concept in medical education as it is based on the assumption of a fixed body of knowledge which never was the case, but is definitely not so today;
-individualism and individual professional responsibility as an ideology which conflicts with the need for teams (sometimes large, heterogenous and scattered and the related needs for definitive leadership and decision and methods for evaluation of the patient care process;
-the health of the public versus the health of the hospitalized patient. This issue is associated with the preparation and function of G.P.'s and their prestige and intellectual rewards, the gulf between hospital and community, the flight of junior hospital physicians to other countries, and the anachronistic gap between clinical medicine and public health. A new deal for the G.P. means the total reorganization of the system. The suggested direction harks back to a concept of health centers in a regionalized system. The health center at Stranraer is identified as a success.

Bryant, John. Health and The Developing World. Ithaca, N.Y.: Cornell University Press, 1969.

An excellent survey of present and projected world health disparities. The background is indexed by Kahn and Wiener's projection in The Year 2,000, that the present "developed" continents and Japan will have some 1.8 billion people with about $5,000 per capita income in year 2,000 (1965 U.S. dollars) while the less developed continents will have close to

5 billion people with a per capita income of about $400. There will be variations between individual countries across this full range. But the message is clear. Projecting current trends, current disparities are likely to continue or even become worse. There is a great deal of useful data on the current situation especially health indeces and manpower. As the authors recognize, reducing infant mortality in rural Africa from 300 per 1000 live births (assuming that statistics and estimates reflect the actual picture) requires very different considerations than are involved in reducing a rate of 40 in the Caribbean or reducing similar rates in U.S. urban ghettos and isolated rural areas while other U.S. areas have rates corresponding to those of Sweden or New Zealand (10 or so). The mystery unfolded in the book is that the medically well understood infectious diseases afflicting the "less developed" countries turn out to be as much influenced by socio-economic, political and cultural conditions as the chronic diseases more problematic in "more developed" countries. "One can almost sense that the health professions, with all their weapons of modern bio-medical technology, are being mocked.... If children sick with these diseases (diarrhea, pneumonia, malnutritiona) reach the physician, there are sharp limits to what he can do... And even these interventions by the physician, whether or not they are therapeutically effective, are only sporadic ripples in a running tide of disease. We are speaking of societies in which, at any given time a third of children may have diarrhea and more than that may be malnourished. Their lives are saturated with the causes--poverty, crowding, ignorance, poor ventilation, filth, flies... The channels we know may be used late, if at all... We must learn to recognize the right issues, find out what are the right tools, and put them in the right hands. It may require developing approaches to health care that are entirely new. We must be willing to do so." (pp. 39-40). The book's major focus is the development of health personnel and the difficulties faced in preparing physician leadership in the current medical school models where bio-chemical and pathophysiologic emphases are often overwhelming. The book has the merit of recognizing quantity of services as equally important with quality. It is deficient in its consideration of systems of medical care and planning structures. The needs-resources strategy of planning seems accepted without question or consideration of alternatives.

Bunker, John P. "A Comparison of Operations and Surgeons in the United States and in England and Wales," The New England Journal of Medicine 282 (Jan. 15, 1970) 135-144.

"There are twice as many surgeons in proportion to population in the United States as in England and Wales, and they perform twice as many operations." Fee-for-service, solo practice

and a more aggressive therapeutic approach appear to contribute to the greater number of operations in the U.S. Frequent consultation, closely regulated and standardized surgical practices and restrictions in facilities and numbers of surgeons appear to contribute to the lower rates of operations in England and Wales. "Indications for surgery are not sufficiently precise to allow determination of whether American surgeons operate too often or the British too infrequently."

Carmody, James. Ethical Issues in Health Services: A Report and Annotated Bibliography. Washington, D.C.: National Center for Health Services Research and Development, 1970.

Includes a brief consideration of ethical concerns in health an medicine (3 pp.) and annotations classified under: the right to health care; death and enthanasia; human experimentation; genetic engineering; abortion. Valuable for exploring the value contexts of many issues in health planning. Annotations are limited in value as they are not often critical and do not present many empirical items.

Census Use Study, Report No. 8: Data Uses in Health Planning. Washington, D.C.: Bureau of the Census, 1970.

The importance of data in health planning is developed and health planning programs throughout the United States are described in terms of their use of data. It also describes research of the Census Use Study (which was developed in New Haven) concerning data analysis and presentation techniques. The conclusions and recommendations of the Census Use Study concerning the use of data in health planning are included, as is a description of the data from the 1970 Census and plans for dissemination. The importance of the Address Coding Guide is identified for studies of utilization and non-utilization of specific services. Summary tape processing centers are listed. Contents of the Health Information System File are listed and described. Two other reports of this series are of interest: No. 7, Health Information Systems, 1969; and No. 12, Health Information System-II, 1971.

Charron, K.C. "Health Services, Health Insurance, and their Inter-Relationship, a Study of Selected Countries." Ottawa: Department of National Health and Welfare, 1963 (reproduced).

After visits to New Zealand, Australia, United Kingdom, France, The Federal Republic of Germany, Norway, Sweden, Denmark and the Netherlands the author identified four basic systems-- private enterprise, social assistance, social insurance, public service. With this helpful framework he examines funds, benefits, populations covered, health manpower, hospitals, patterns of medical practice, health statistics, and other important matters of these several systems

with a view toward examining their implications for Canada's (at the time) developing plans for a national health care scheme. Planning aspects are covered under administration of each system but are given only passing attention. Helpful as part of the data base of system variability in relation to which planning efforts proceed.

Chester, T.E. "American Dilemma--The Role of Government," District Bank Review No. 135 (Sept. 1960) 3-20.

Based on a four-month visit supported by the Ford Foundation, the author, Professor of Social Administration, University of Manchester, examines the obvious demands for broad, efficient public programs in the U.S. including health as these conflict with a deep-rooted antigovernment ideology. Chester documents, as of that date, the steady expansion of government programs in spite of the ideology.

Chia-ssu, Huang. "Our Medical Team in the Countryside," Chinese Medical Journal 84 (Dec. 1965) 800-803.

Fascinating account of attempts to bring modern public health and acute care to rural mainland China following the revolution through use of roving medical teams who seek also to train local personnel in basic understanding and techniques.

Comprehensive Health Planning: A Selected and Annotated Bibliography, U.S. Dept. of H.E.W., P.H.S., Division of Community Health Services, 1968, Arlington, Va.

This work identifies and describes articles and publications which relate to comprehensive health planning. Most of the items are of a "cook book" nature--how to plan, principles of planning, etc. These can be suggestive for research. A few items are research reports. It is intended that the bibliography will be updated periodically.

Cottrell, J.D. "The Consumption of Medical Care and the Evaluation of Efficiency," paper presented at Symposium on the Efficiency of Medical Care, Copenhagen, 4-8, July 1966, WHO, Regional Office for Europe. EURO-294.213, 11, March 1966.

In cross-national perspective, with a sharp focus on particular problems such as utilization of care, numbers of laboratory tests in different types of practices, etc., gives clear indication of the interworking of social conditions and these "medical" problems. A set of methodological guidelines is offered for cross-national studies. The bibliography is impressive. A special bibliography is appended by G.A. Popov to cover Soviet health planning literature.

Cumming, Elaine. Systems of Social Regulation. N.Y.: Atherton, 1968.

An important examination of the functioning of the loosely knit (sometimes torn and conflicting) network of health and welfare agencies and personnel in a United States community. The focus is on the flow of patients through the system and on services they receive in what manner. The problem is conceptualized as one of deviance and social control. One can quarrel with the conceptualization. But the problems of occupational group striving and interorganizational competition are content issues of some importance in nearly any planning situation.

Drewnowski, Jan. Studies in the Measurement of Levels of Living and Welfare. Geneva: United Nations Research Institute for Social Development, Report No. 70.3, 1970.

Covers approaches to measuring social variables in real terms cross-nationally; a new level of living index; and a level of welfare index. Thoughtful consideration of measurements, weighting, and data sources.

Dyckman, John W. "Social Planning in the American Democracy," paper presented to the meetings of the American Institute of Planners, Pittsburgh, Oct. 1968. (The author is Chairman, Department of City and Regional Planning, University of California, Berkeley).

Without a global, "societal" approach, planning in the U.S. is remedial and patchwork. The global approaches existing outside of effective governmental or other structures are utopian in character. Contemporary radicals have little taste for utopian schemes.

As a consequence of our remedial approach, large bureaucracies have evolved providing services seen as ends in themselves rather than as means for the general welfare. Planning becomes focused on efficiency rather than equity and larger purpose . Radicals seen these efforts as merely saving money for the established power structure.

Minorities want some management control. This is not empty and vainglorious. "In the last analysis, however, the intractable problems of social planning will be those of division of interest and power. It may be Pollyannish to think that a society which is divided on regional, race, and class lines as is ours can voluntarily embark on societal planning which entails the wholesale transfer of benefits and even modest transfer of power."

Elling, R.H. "Health Planning in International Perspective." Medical Care 9 (May-June 1971).

Article is directly related to this annotated bibliography. An attempt is made to assess the state of empirical work on health planning structures and processes in different nations. The paucity of empirical work is recognized. A framework for analysis is suggested employing concepts of planning contexts; goals and objectives; planning structures; process; and evaluation.

Differences in overall planning style may themselves be seen as part of the context. A major distinction is suggested between the highly rational needs-resources approach and the more process-oriented desires--goals approach. A research strategy of generally comparable case studies is suggested as opposed to cross-national studies which are extremely difficult to do in exactly comparable fashion when broad network organizations are under study. This paper is one of several developed out of the Asilomar Conference on Cross-National Studies of Medical Care which appear together in this issue of Medical Care.

_____. "The Design and Evaluation of Planned Change in Health Organizations," pp. 292-302 in A. Shostak (ed.) Sociology in Action. Homewood, Illinois: Dorsey Press, 1966.

Offers a case for the interstimulation and development of sociological theory and parctice. This view is illustrated by comparing the cultural assumptions of the bureaucratic, professional health organization with the cultural assumptions of "lower" class patients. A form of organization is suggested which might resolve the mismatch. The logic of an evaluative approach is identified.

_____. "The Local Health Center and the Regional Board" in Elling (ed.) National Health Care, Issues in Socialized Medicine. Chicago: Aldine-Atherton, 1971.

Attempts to accept Edward S. Rogers' challenge in his article "Public Health Asks of Sociology... (Science, February 2, 1968, 506-508) to help health administrators move toward effective "molar administration." Rogers' contention that social class is not an adequate concept since "there is nothing we can do with it: is denied. The author of this chapter suggests that if major problems of health and health resource allocations reside in the class structure, effective suggestions will have to deal with this structure. The suggestion here is that class-oriented professional and bureaucratic autonomy and organizational competition over support be rationalized by adding two components to the United States

health system under national insurance. The first component would be lay-controlled, neighborhood or area-oriented health service centers, these to be backed up by hospital and specialty institutions and services. The second component would be elected lay regional planning and administration boards with control over the flow of capital, operations, educational and research funds. The need to evaluate such a proposed system through comparative research is emphasized.

Elling, R.H. and S. Halebsky. "Organizational Differentiation and Support: A Conceptual Framework," Administrative Science Quarterly 6 (Sept. 1961) 185-209.

Every organization depends upon its environment for elements of support desired for its continued existence and pursuit of goals. Organizations compete for these resources. Both internal organizational characteristics and characteristics of the environment will influence the flow of different types of support. Support received by 136 short-term general hospitals in upstate New York was measured in terms of capital funds, patients, steady personnel and volunteers. The lower support received by local governmental hospitals in this society as compared with voluntary hospitals was interpreted as due to a "lower" social class role of government while voluntary organizations are established under "upper" class control outside of general public accountability. The implications of the findings for a theory of support may be that sponsorship serves (along with other factors) to differentiate organizations and connect them to segments of the community which offer varying amounts of support. In terms of regional planning, the special supportive connections, even of minimally supported organizations, can be seen as points of resistance to coordination and a rational flow of resources.

Emery, F.E. and E.L. Trist. "The Causal Texture of Organizational Environments," Human Relations 18 (Feb. 1965) 21-32.

The only serious attempt to typologize organizational environments to that date. Theoretical in character.

Etzioni, Amitai and Fredric L. Dubow. Comparative Perspectives, Theories and Methods. Boston: Little,Brown and Company, 1970.

An invaluable survey of theoretical and methodological issues and problems in comparative research--cross-national or not. The first section has general statements by Radcliffe-Brown, Sjoberg and Marc Block. The second deals with cultural relativism. A third section offers historical perspectives. A longer fourth section deals with levels of comparison or comparisons of different units of study--family, social areas,

nations. A long fifth section offers types of theorizing. The final section is on methods with chapters by Almond and Verba; Scheuch; Herbert Phillips; and Donald Campbell. The issue central to all others seems to be the extent to which persons and their social arrangements are essentially alike or essentially different. The answer is not all one way or the other and the question is not too productive in this form but it lends the work an interest-holding thematic tension.

Evang, Karl. Problems and Progress in Medical Care. London: N.P.H.G., 1964.

With an international perspective, confronts some of the vital problems of planning the rearrangement of education and service. The anachronistic nature of general practice receives special attention. He gives full attention to the problem of identifying the intellectual challenges of first-line care and what Brotherston has called "initiative medicine" and providing the preparation and care arrangements whereby prestige and priority would be restored in favor of the public's health.

_____. Health Service, Society and Medicine. London: University of London, 1960.

Contrasts the medical professions comparative willingness to accept scientific discoveries with their reluctance to see that new social conditions (brought about in part by scientific advances put in practice) demand new organizational settings and arrangements for service.

Farson, Richard E. "How Could Anything that Feels so Bad be so Good!" Saturday Review. (Sept. 1969) 200 ff.

Considering the revolution of rising expectations and the associated disjointure and reallignment in modern society, the author suggests some important strategies for change: (1) "Instead of trying to reduce the discontent felt, try to raise the level or quality of the discontent." (2) "Instead of trying to make gradual changes in small increments, make big changes." (3) "Instead of trying to improve people, improve environments." The improvement of people's behavior can be expected to follow. (4) "Instead of looking to a professional elite for the solution to any social problem, look to the greatest resource available--the very population that has the problem."

Field, Arthur J. Urbanization and Work in Modernizing Societies. Detroit, Michigan: Glengary Press, 1967.

Based on a Planning Symposium held by the Caribbean Research Institute on St. Thomas in May, 1966.

This is a good issue-oriented work with multi-disciplinary contributions. Major topics are: work and alienation viewed historically; social and cultural influences on urban and rural employment and work; the roles of government; migration and other ecological influences; McClelland's concept of achievement motivation; socio-economic and demographic differences among underdeveloped areas. Has an annotated list of recommended readings.

Firth, Raymond. "Health Planning and Community Organization," Health Ed. Journal 15 (1967) 118-124.

Working from the assumption that the cooperation of the people being served is an important element in health planning, this noted Anthropologist examines three levels of cultural blockage: (1) simple lack of information or poor communication because of language or other reasons; (2) priorities oriented toward non health matters; (3) resistance to health measures. In the last two instances, the system of values, beliefs and behaviors must be uncovered--the organization of the community, "the framework of the ordinary activities of the people." This kind of knowledge becomes especially important if the growing processes extending from home to hospital and back is to be realized. "'A Home Guard for Health' might be the slogan here." Several areas are identified and illustrated where such knowledge tends to be lacking but would be relevant for health planners: nutrition; popular ideas of aetiology of health and disease; popular ideas of treatment and its effects; psychology of the patient; economic capacity; group structure; community leadership. The value of economists, sociologists and social anthropologists in jointly planning the development of such information with the health planner is recognized.

Foster, George M. "Problems in Intercultural Health Programs," Pamphlet 12, New York: Social Science Research Council, April 1958.

Perhaps the best coverage of the cultural and social systemic problems of introducing "scientific," "modern" medical programs into non-scientifically-based cultures. The limits as well as power of cultural beliefs in creating barriers are examined under the heading of observed efficacy. An example is offered of peasant use of hospitals in Peru (in spite of anti-hospital beliefs) based on village experience of a favorable sort. Major topics include: types of medical systems; cultural aspects of medical systems; social aspects of medical and public health programs; processes of change in medical and public health programs; role of social scientist in intercultural programs. A list of 59 sources is provided.

Friedmann, John. "A Conceptual Model for the Analysis of Planning Behavior," Admin. Science Quarterly 12 (Sept. 1967) 225-252.

Planning is defined as the guidance of change within a social system. A framework and hypotheses are derived from a wide range of works describing planning structures and processes, notably the Syracuse series on different national planning efforts edited by Bertram M. Gross. A purpose of these hypotheses might be to order empirical data from future comparative cross-national studies. Four modes of planning are distinguished: developmental, adaptive, allocative and innovative. Counterplanning is also recognized. A list of nine important empirical questions is offered in conclusion. For example, "What is the relation of policy makers (or politicians) to experts (or technicians) under different planning systems?" "What are the political uses served by planning under different systems and how do these uses influence planning behavior?"

Fry, John. Medicine in Three Societies, A Comparison of Medical Care in the USSR, USA and UK. London: MTP, Chiltern House, Aylesbury Bucks, 1969.

This is a personal account of a practicing physician after visitations and extensive review of the literature. His concern is how three great nations go about meeting the WHO goal of health as a human and civic right. He observes that there can be health progress; yet when one problem is solved it is replaced by another; further, there is an essential elasticity of health care demand. He sees "a permanent 'mirage of health' and it must be accepted that all systems of medical care will have to be planned to cope with insatiable needs and with built in schemes for priority decisions." (P.5). Because of the reliability and validity problems involved in various rates-e.g. infant and maternal mortality--and their influence by broad social conditions as well as medical care in a strict sense, the author chose to base his comparisons less on statistics and rates than on the structure and functioning of the health services and the way they address certain central common problems--the organization of first contact care; how early diagnosis and prevention are pursued; the functions of hospitals; health manpower; etc. The book is most valuable in highlighting some sharply divergent alternatives with respect to allocating resources to an attack on these central problems areas. For example, should people have direct access to specialists or should their care be coordinated by first-contact physicians? A valuable appendix briefly suggests composition and function of a regional, district and local system. There is not enough on planned change. But it is recorded: "There are no examples of such planned experiments in medical care in any of the three systems described." (P. 229).

Fundamental Principles of Health Legislation of the USSR. Bethesda, Md.: John E. Fogarty International Center for Advanced Study in the Health Sciences, 1971.

Lays out the constitutional and legally mandated statement of goals in relation to which national planning of health services and research must operate. A kind of statement of basic health rights. For example: Section 1, Article 4. "Provision of Medical Assistance to Citizens. Citizens of the USSR shall be entitled to free and professional medical assistance readily available to all. It shall be provided by public health establishments administered by the state." A companion publication from the Fogarty Center, Soviet Medical Research Priorities for The Seventies indicates the top research priorities presented and accepted for the 1971-75 state plan. Among the many areas mentioned is "Social hygiene, organization and administration of public health," including "effect of social conditions on the population's health; social rehabilitation of patients with chronic diseases; automatic system of keeping records; processing information; planning and administering public health institutions; scientific bases of public health economy; scientific organization of work for public health employees; and the scientific development of a system of hygienic education and training for the population." (pp. 15-16).

Gil, David G. " A Systematic Approach to Social Policy Analysis," The Social Service Review 44 (Dec. 1970) 411-426.

Presents a framework for social policy analysis. This gives attention to several points under the broad headings: the issue or problem constituting the focus of social policy planning; values and objectives and theoretical links between policies and expected accomplishments; implications of a policy for the social structure and the system of social policy formation; the field of societal forces surrounding development and implementation of policy; development of alternative policy and objectives, comparisons of alternatives. "The regulation of intrasocietal human relations and the shaping of the quality of life are viewed as the domain of social policy. The development of resources, the allocation of statuses, and the distribution of rights are viewed as key mechanisms through which social policies operate." The above framework suggests the tasks of social policy analysis.

Glaser, William A. Social Settings and Medical Organizations. New York: Atherton, 1970.

This important work helps fill a near void of organization-environment studies. It examines the structure and functioning of hospitals in a wide range of societies and the apparent influences on this organization of contextual differences

in religion, family and sex roles, economic factors, and urbanism. I say "apparent" because in the tradition of political science the method is one of broad analysis, comparison, and assessment based on interviews with key informants and study of documents. This is not to discount the work. It performs the valuable function of identifying very plausible hypotheses regarding intersectoral influences which deserve attention in more quantified cross-national studies. As an example: "As religions teaching help to strangers acquire more following, the number of persons working in hospitals rises." (p. 180). The problem is that these propositions themselves deal with isolated elements with "other things being equal" playing all too much of a role in any actual situation for the proposition to be very generally true or potent. The book has a valuable list of persons contacted in the appendix. It has extensive notes and references. Somehow, although the work is known to the author, he ignores sociological studies of organizational support and interorganizational relations.

Glaser, William A. Paying the Doctor, Systems of Remuneration and their Effects. Baltimore: The Johns Hopkins Press, 1970.

The issue of motivations of personnel in any medical care system is confronted by cross-national examinations of varying payment systems. The method is one of broad comparison and assessment of impacts, rather than rigorous empirical study of motivation and accomplishment. Most valuable for surveying alternative forms of organization.

Goodenough, Ward Hunt. Cooperation in Change. New York: Russell Sage Foundation, 1963.

According to the author who took ten years in serious consideration of the matter, the fundamental problem faced by change agents--be they planners or other social policy makers and pursuers--is "achieving cooperation among individuals and groups of individuals-each with different purposes and values and each with different customs--in implementing programs for change." "Our approach to human problems in community development, therefore, will be one that regards the planner's wants and the community's wants as both worthy of respect. We shall not attempt to establish any position as to whose are to prevail when there is conflict and the de facto powers that they have for implementing them. We can only hope to increase the perceptiveness with which planners and field agents make such judgements." The work draws broadly on the social sciences in presenting a valuable framework for understanding personal worth and motivation in a value context. It has an authropological bias familiar in other works such as Paul's Health Culture and Community, namely the recounting of frustration and failure on the part of technical innovators and the sources in divergent values, beliefs and interests of the population. The identity of interests and success suggested in a work such as Jan Myrdahl's, The Revolution Continued, are not given enough attention.

Gross, Bertram (ed.) "National Planning Series." Syracuse, New York: University of Syracuse.

Detailed empirical case studies and general surveys of planning in a number of countries. Each volume authored separately. Countries covered thus far: Venezuela; Morocco; Tunisia; Tanganyika; Mexico; Israel; West Germany; Yugoslavia; Great Britain; Italy.

Hall, Thomas L. Health Manpower in Peru. Baltimore: The Johns Hopkins Press, 1969.

This is an exercise in local study and plan development at times interrupted by political turmoil (a not insignificant condition). As such this work would be no more valuable to include here than a thousand other planning efforts. But in the presentation of alternative courses for human resource development in health, the author and others involved offer some valuable reflections on the planning process. For one thing, they underline the lead-time problem in manpower development. This extends far beyond the usual five-year period for program planning. Long-range planning can not hope to have the sharpened targets of shorter-range efforts. Still it can point general directions and, hopefully, motivations and conditions will be such that the first step in the 1000 mile journey will be taken right away. Another key problem is the distribution of manpower as between the urban and rural areas. The chapter entitled "Issues in Health Manpower Planning" is most valuable as it not only considers the content issues of the manpower field (with too little-interweaving of organization and numbers of personnel) but considers research in manpower development and organization which would contribute important content to the planning process. Perhaps most important for our interest here, attention is given to organization of the planning structure (essentially a coalition of the related interests is proposed) and to preconditions necessary for the coalition to have the desire impact: continuing data base; a permanent planning staff; a plan for political action; involvement of member associations in content issues.

Harris, Britton. "The Limits of Science and Humanism in Planning," Journal of the American Inst. of Planners 33 (Sept. 1967) 324-335.

Excellent thought piece on the topic with important methodological implications for the study of planning.

Hochbaum, Godfrey M. "Consumer Participation in Health Planning," American Journal of Public Health 59 (Sept. 1969) 1698-1705.

Considers problems of representation, lay-professional boundaries in decision-making, training of professionals as well as lay persons for participation. Urges rigorous study. "It is here where social scientists should and can make their most significant contributions because the question is predominantly a social and not a medical one."

Horowitz, Irving L. (ed.) Studies in International Development. Beverly Hills, California: Sage Publications.

This journal, now in its sixth volume provides the first series of a case-study or cross-national character with emphasis on more than economic issues. There is a lack of attention to health and health planning, but the analyses of political, military, demographic and attitudinal change provide valuable context for the consideration of health planning in many nations.

Ingman, S.R. Politics of Health Planning, Unpublished dissertation, University of Pittsburgh, 1971.

This work brings together a number of case studies of social change events within one four-county region. While showing role of differing ideologies and the relative impact of internal and external influences which set conditions and determine direction, it generally portrays a stagnate health care system which fails to respond to societal needs. The external impacts of university experts, national and state accreditation bodies, county, state and national medical organizations, other health professional associations, federal government programs (Comprehensive Health Planning and Regional Medical Program) were shown to be ineffectual in terms of assuring or creating the necessary quantity and quality of health care. The lack of a strong articulate consumer voice with a sound power base was seen as a necessary precondition for constructive continuous social change in the health field.

Kahn, Alfred J. Theory and Practice of Social Planning. New York: Russell Sage Foundation, 1969.

Most comprehensive overview of the field now available. Excellent introduction to policy setting, priorities, definition of the planning task, information development, planning structure and process, training of planners, evaluation, and political and social structure and other limiting and facilitating conditions. Reflects the lack of systematic empirical work comparing the successes and failures of different planning structures and processes under different conditions.

Thus the "theory" is nothing more than some broad categories of consideration and numerous "principles" offered out of experience and survey of the field. A companion book, Studies in Social Policy and Planning, reports a number of planning "cases" in relation to: the "war" on poverty; disturbed and delinquent children; income security; urban renewal; community mental health (professional boundaries and intergovernmental relations); local social services.

Kaplan, Berton H. (ed.) "Special Issue on Organizations and Social Development," Admin. Science Quarterly 13 (Dec. 1968).

Includes provocative articles on organizational alternatives in "developing" societies. The piece by William Foote Whyte gives some special attention to health planning in Peru and is particularly valuable. Kaplan's article on a "non-Weberian" model of bureaucracy is suggestive and valuable as is S. N. Eisenstadt's article on variability of development and organizational structures. The reviews also deal with books on planning and development.

King, Maurice (ed.) Medical Care in Developing Countries, A Primer on the Medicine of Poverty and a Symposium from Makerere. Nairobi: Oxford University Press, 1966.

Down to earth consideration of problems and recommended actions with a heavy, exciting focus on getting knowledge to the people. Major headings: the organization of health services; the health centre; the cross-cultural outlook in medicine; an approach to public health; health education; the auxiliary; administration and teaching; progressive patient care; the architecture of hospitals and health centres; the outpatient department; the economy of a district hospital; paediatrics; prevention of malnutrition; diarrhea in childhood; the under-fives clinic; family planning; maternity care; the village and hospital of Aro; tuberculosis; anaesthetics; blood transfusion; the laboratory; the x-ray department; records; teaching aids; library; supporting workshops; dispensary.

Lee, Ollie J. Community Leaders and their Involvement in the Health System of a Metropolitan Community. Unpublished Ph.D. dissertation, University of Pittsburgh, 1968.

An empirical analysis of both formal and informal linkages between an extended community power structure of a relatively concerted sort and the hospitals other health agencies and selected major decisions in the health field. Central problems revealed by the work include: (1) the difficulty of comprehensive planning and programing of health services when major power figures have limited understanding of the field revolving around bricks and mortar and top-notch acute care; (2) the difficulty of rationalizing the regional hospital and health facilities system when major figures have potent identities with single institutions; (3) the lack of general public accountability in the face of a private power structure.

Lembcke, Paul. "Hospital Efficiency--A Lesson from Sweden," Hospitals 33 (April 1959) 34-38.

Compares U.S. and Swedish hospitals. With patients going into Swedish hospitals about as sick and coming out about as well, if not better off, on the average, as is the case in U.S. hospitals, Swedish hospitals get along with approximately one-half the personnel per patient. The practical importance of examining this comparison further is underlined if one calculates that two-thirds to three-quarters of hospital operating costs are due to personnel and if one realizes that hospital costs in the U.S. have risen from $48.15 a day in 1966 to $67.60 a day in early 1970 with a predicted rise to $74.00 by the end of the year!

Marsh, Robert. "Comparative Sociology, 1950-1963" Current Sociology 19 (1966).

Valuable bibliography covering specific comparative studies as well as general theoretical and methodological works.

McGranahan, D.V. et al. Contents and Measurement of Socio-economic Development: An Empirical Enquiry. Geneva: United Nations Research for Social Development, 1970, Report No. 70.10.

Considers theory of development, indicators of development, intercorrelations of indicators, key variables, a system of examining correspondence between economic and social variables, scales and a general index of development, and a concluding section on the dynamics of development. Data is examined from 59 countries. For these countries, the general development index places the USA at one extreme with 111 and Thailand at the other with 10. Extremely valuable work, especially for measuring the contexts within which various health planning structures operate.

McNerney, W.J. and D.C. Riedel. Regionalization and Rural Health Care. Ann Arbor, Michigan: Bureau of Hospital Administration, The University of Michigan, 1962.

One of the few empirical studies of regionalization of facilities and services. Examines three health centers and two regional hospitals in Northern Michigan and presents conceptual background with how regionalization worked in practice. Strong on social-psychological blocks to regionalization. Weak on structural, institutional points of resistance.

Morris, Robert. "Basic Factors in Planning for the Coordination of Health Services," American Journal of Public Health 53 Part I (Feb.) 248-259 and Part II (March 1963) 462-472.

Deals with community structures, including power structures, and their relations to attempts to plan a concerted institutional approach to service for long term patients. Six communities were studied: St. Louis; Toronto; Cincinnati; San Francisco; Philadelphia; Detroit. In each community a central planning agency attempted to bring about a new relationship between a general hospital and an extended care facility. In situations this was successful, in others it was not. The study compares these situations. A summary of main conclusions is presented in the form of eight sets of propositions concerning the conditions and characteristics of effective planning (pp. 471-72). These empirically based propositions are very valuable for the planning problem at issue. An important work.

Mott, Basil J.F. Anatomy of a Coordinating Council: Implications for Planning. Pittsburgh: University of Pittsburgh Press, 1968.

A model political science case study of the human services council of the New York State government. This structure without strong central authority was unable to bring about real confrontation and resolution of conflict. On the other hand, this structure seemed able to deal with great diversity and keep communication flowing to some extent in the face of pluralistic means and goals.

Navarro, Vicente. Regionalization and Planning of Personal Health Services. Baltimore: School of Hygiene, Division of Medical Care and Hospitals, 1967.

An annotated bibliography covering principles, practice, area-wide planning of hospitals, methods, statistics useful in planning, coordination of services, transportation, categorical programs, public involvement, sources of utilization data.

Newman, Edward and Harold W. Demone, Jr. "Policy Paper: A New Look at Public Planning for Human Services," Journal of Health and Social Behavior 10 (June 1969) 142-149.

Divergent planning trends are described and analyzed: simultaneous local high impact and state planning; domain issues in "comprehensive" planning; technology and citizen participation. The authors point to the dangers of bypassing state delivery systems; consider agency domain encroachment in relation to the need for strengthened executive authority in the public sector; and recommend balancing the influence of the technocrat-planner with greater citizen participation. Citizen participation can help particularly with the shortcomings of attempting to rationalize a single domain or service. Effective participation will wait on the formation of strong, not weak, governments--state and national.

Pan American Health Organization. Health Planning, Problems of Concept and Method. Washington, D.C., April 1965, Scientific Publication, No. 111.

A very useful, clearly stated economic approach based on cost-benefit analysis. The concept of "potential productive capacity" is offered; the YPC index of a community would be the years of productive capacity of the population as a whole. Because resources are always assumed to be in short supply, this perspective raises the difficult question of the value of different human lives. If the plan adopts the value stance that all are of equal social importance, every obstacle to health will be attacked equally, regardless of the age of the beneficiaries.

The importance of alternative maximum and minimum plans is seen in relation to local areas.

The relations of regional to national plans are considered.

Lacks bibliography and adequate consideration of other approaches.

Philips, Elizabeth and Jane Silver. Data for Planning. New Haven: Connecticut Regional Medical Program, 1971 (reproduced, loose leaf).

A directory of sources of data relevant to the regional health services planning efforts in one state. Spheres covered are: state sources; corrections; demography; economics; education; environment; geo-political (e.g. a history of the state is cited); health care; housing; human rights; mental health; planning-regionalism; research (a catalogue of data sources maintained by state agencies is cited); and welfare. The appendix has a thoughtful chart describing characteristics of information systems at different levels. The first level is this cataloging effort; the third and highest level is seen as a centralized system with analytic capacity.

Pondy, Louis R. "Organizational Conflict: Concepts and Models," Admin. Science Quarterly 12 (Sept. 1967) 296-320.

Examines three bases of conflict between sub-units of an organization: (1) bargaining of competing interest groups; (2) bureaucratic concerns with authority and control and (3) system needs for functional, coordinated relations. The organization's response is seen in terms of Barnard-Simon inducements-contributions balance theory. Of interest is whether organization members resolve conflicts by withdrawing, by changing existing relationships, or by altering values and behavior within existing relationships.

Has implications for planning organizations as well as for service organizations in relation to which the planning process is carried out.

Roemer, Milton I. "A Coordinated Health Service and the Problem of Priorities," Israel Journal of Medical Science 1 (July 1965) 643-647.

"The American sociologist, C. Wright Mills, spoke of the importance of a 'sociological imagination' in understanding the problems faced by individuals in a community or a nation. Without such imagination, one does not see beyond the pains or troubles in a patient to the larger social environment responsible for them. Without this understanding, there can be no effective leadership, no intelligent planning to make a better world for people."

With a clear view of "the persistence of unnecessary tragedy" Roemer focuses on the problem of more effective use of limited resources. Planning to achieve greater coordination and integration of existing facilities and services is one primary approach. But even more fundamental is a set of priorities, goals, and targets, once such a system is established. "We have distinct priorities, but they are based on competitive economic and political power." The relationships of priorities in most systems "to an objective assessment of the health needs in overall national development are, at best, crude." If market or financial mechanisms of individual access to service are eliminated, as they should be, allocation of resources might have three bases: (1) policy decisions regarding certain diseases or accidents; (2) geography; (3) relative contribution of groups (e.g. industrial workers versus the terminally ill) to the total community welfare.

_____. Medical Care in Latin America. Washington, D.C.: Pan American Union, 1963.

Valuable comparative survey of standard aspects covered for each system. These include: indigenous or folk medicine; systems of payment; populations covered; number and types of administrative structures; social class and urban-rural differences and major health problems faced; and coordinative or planning efforts. It is this last topic which is of particular interest to our purpose here. However, the assessments made in this sphere are largely a recording of the hopes of officials and the frustrations faced in planning and coordinating in the face of the multiple and usually antonomous health authorities and structures extant in these countries. The proposals at the end for integrated nationally planned systems with regionalization and with international collaboration deserve serious consideration. As the author states "the needs of Latin America today call for bold action." (p. 307). Valuable references and lists of persons seen in each country are included.

Roemer, Milton I. "Planning Health Services: Substance Versus Form," Canadian Journal of Public Health 59 (Nov. 1968) 431-437.

Recognizes national health insurance as a precondition for the development of serious planning efforts. "For the basic requirement of planning, when one cuts through the platitudes, is control over the allocation of resources and the use of those resources, and this is very difficult without control over the flow of money." (P. 431). The many fractionations and other blocks to planning in the United States are recognized as are the inadequacies of discrete disease approaches in various parts of the world. The major thesis is that in the study and pursuit of planning in different parts of the world there is a confusion between form and substance or means and ends. "On a world-wide scale, however, the perspective becomes more clear. The substance of planning in most countries has come to mean the organization of total health services in defined geographic areas. It is often epitomized simply as 'regionalization', with authority for preventive, ambulatory, and institutional services integrated in local areas." (p. 436). A valuable set of references are cited.

Rokkan, Stein (ed.) Comparative Research Across Cultures and Nations. Paris: Mouton, 1968.

A most valuable work dealing with the conceptual and methodological issues of cross-national research. The merit of the book is that it does not provide a uniform, integrated perspective (though there would be merit in such if it could be well worked out). Rather, at this stage of cross-national research, it offers differing perspectives on: use of computers in comparisons of primitive societies; history and advances in development theory; cross-cultural sample survey. At the more-general level, a paper by Alker (Yale) defends the efforts by Karl Deutsch and his school to organize quantitative studies of comparative development, while this approach is challenged by Ohlin (OECD, Paris) and Deane (Cambridge). An introduction describes the efforts of the International Social Science Council in comparative research and sets out a program for the future. On balance, one is left with the conviction that comparative abstraction of isolated elements is methodologically feasible but often meaningless; yet comparisons of complex systems are difficult to quantify. Thus generally comparable case studies may be the best bet for the future.

Rubin, Lillian. "Maximum Feasible Participation; The Origins, Implications, and Present Status," Poverty and Human Resources Abstracts 2 (Nov., Dec. 1967) 5-18.

Excellent historical and analytic review of consumer involvement in the planning and operation of various federal and other programs. Impressive bibliography.

Ryan, William. Blaming the Victim. New York: Random House (Pantheon) 1970.

Many fundamental problems of planning health services have to do with inequality in distribution according to class and other stratificational elements. This book penetrates in a compelling way one of the blocks to change--the psychological and cultural arguments of social scientists and other "sophisticates" which ignore the structure of inequality in the society with regard to economic goods and power. Of particular interest are the chapters on health and social welfare and two general chapters: "The Hydraulics and Economics of Misery;" and "In Praise of Loot and Clout." The author is a professor of psychology with experience in the urban mental health field.

Schwartz, J.L. Medical Plans and Health Care: Consumer Participation in Policy Making with a Special Section on Medicare. Springfield, Illinois: Charles C. Thomas, 1968.

An impirical comparison of group practices. Those with consumers integrally involved in policy and planning had more comprehensive programs and greater quantity of service.

Schottland, Charles I. "Federal Planning for Health and Welfare," The Social Welfare Forum, (1963) 116-117.

The competence of traditional, voluntary health and welfare councils at the local community level is challenged.

Seipp, C.; E. Suchman; R. Elling; E. Ricci; M. MacNair; P. Kronenberg. Coordination, Planning and Society; Cases in Coordination: Six Studies of State Mental Retardation Planning. University of Pittsburgh, Graduate School of Public Health, 1968 (reproduced).

Based on data gathered systematically through questionnaires, phone interviews and other sources from 50 states, and in-depth field studies of six states, the final chapter offers some framework for understanding coordination as both a product and process of planning. A definition of coordination is offered and its various modes of occurrence are seen as related to extent of agreement on goals and means as well as concern with the goals. One of the very few extant comparative empirical studies of planning structures and processes.

Seipp, Conrad. "Puerto Rico, A Social Laboratory," The Lancet, (June 22, 1963) 1364-1368.

The story of regional coordination of health and welfare services against the backdrop of social, economic, cultural and governmental conditions of the island. Essential components of regionalization are clearly laid out: health and welfare centers around a system of hospitals; a system of continuing education for all health workers; efforts to increase "the health consciousness of the public--the aim being to help them to control their own problems, rather than merely to render them a technical service."

Silver, G.A. "Community Participation and Health Resource Allocation" paper presented at International Epidemiological Association, Primosten, Yugoslavia, August 1971. (Author's address: Yale University School of Medicine, 60 College Street, New Haven, Connecticut 06510).

After a brief historical review of citizen and consumer involvement in social policy determination generally and resource allocation within the health sector, and with special reference to poor people in the United States and inequities in health care, the paper identifies accountability of professionals and providers to citizens and the consumers as the central issue. "Professionals have shirked this responsibility in the past. Now that human and mechanical systems can be devised to obtain necessary information and share it, accountability is possible. The added information in planning and evaluation is the consumer's concept of what it is he wants and how he wants it delivered." Around this point of tension, the paper asks and discusses these questions:

(1) Is this an insoluble conflict situation?

(2) If not, what are the models for resolution?

(3) What are the values in consumer participation and/or consumer control?

(4) Who is a consumer? How is he selected?

(5) What are the dangers or difficulties inherent in reducing professional participation in decision making?

The worker management model of Yugoslavia is cited as promising (as discussed in K. Dahl, After the Revolution New Haven: Yale, 1970, pp. 130,131). The experience of the Urban Coalition in the United States is related in conclusion.

Sjoberg, G.; D.M. Hancock and O. White, Jr. Politics in the Post-Welfare State: A Comparison of the United States and Sweden. Bloomington, Indiana: Carnegie Seminar, Department of Government, Indiana University, 1967.

An excellent analysis which effectively challenges "the end of ideology" school of thought represented by Bell, Lipset and others. Rather than relying on the Weberian verstehen approach, essentially concerned with interpreting the past, or the positivist approach to predicting change based on past relationships and trends when this seems incapable of handling either (1) "a relatively drastic change" which "may well be underway in advanced industrial orders as a result of increased affluence and rapid automation" or (2) the extent to

which change can take place from man assuming control over his own destiny rather than simply responding to powerful social forces, the authors put forth the dialectic approach represented in different ways in the works of Marx and Sorokin. After describing developments in the United States and Sweden in which the strengths as well as failures of large-scale technologically-based bureaucratic structures are examined, the authors present emerging contradictions--within bureaucracies and between bureaucracies and the broader society. They then examine the attacks now going on against welfare state bureaucracies in both the United States and Sweden. In conclusion, they suggest some general outlines of a resolution or alternatives to the bureaucratic model, including such elements as a non-hierarchical system of authority.

Stewart, William H. "New Dimensions of Health Planning," University of Chicago, Center for Health Administration Studies, The 1967 Michael M. Davis Lecture.

The newness of planning for health on the U.S. scene is recognized as is the predominant hand-to-mouth, microcosmic pattern. Different lines of attack each have their vocal champions. The suggested new direction is that of identifying goals, refining them and then considering means. Stewart emphasizes (1) the need for as broad a base of input as possible and (2) the need to make decisions where the problems are-- "as close to the people as possible."

_____. in: Philip R. Lee (ed.) "Health and Well-Being", Annals of the American Academy of Political and Social Science, 373 (1967) 204-205.

The meaning of the right to health care can be spelled out as follows: (1) A place to go when ill; to know where it is; to have the assurance of skilled and compassionate care; (2) Diseases which can be prevented should be for all; (3) The senile, the insane and the retarded must be given humanitarian care; (4) A healthy environment; (5) Those in health careers must be assured of an excellent education, efficiency in the use of their skills and opportunities to exercise them; (6) There must be assurance of permanence in bio-medical research, and therefore of the Federal commitment to the same; (7) We must share our health-knowledge with the world.

Suchman, Edward A. Evaluative Research, New York: Russell Sage Foundation, 1967.

Most systematic treatment of methodology for the evaluative phase of planning. Goes into goal refinement and measurement; the logic of design; preconditions; independent program variables; intervening variables and anticipated and unanticipated outcomes. Gives insufficient attention to the social scientist's role in contributing to the determination and definition of goals.

Taviss, Irene and Linda Silverman. Technology and Values Research Review No. 3. Cambridge, Mass.: Harvard University Program on Technology and Society, 1969.

A valuable combination of introductory and summary statements and extensively annotated bibliography. Topics are: general and theoretical aspects of technology and values; the contemporary situation; changing value orientations; social planning and the role of the social sciences; economic, political and religious values. Other reports in the series are: "Implications of Bio-medical Technology" and "Technology and Work." Works covered in the section on social planning are by Daniel Bell; Kenneth Boulding; Walter Firey; Alvin Gouldner; Fred Ikle; David L. Johnson and Arthur L. Kobler; Hasan Ozbekhan; and Edward S. Rogers (this last is "Public Health Asks of Sociology..." Science 159 (Feb. 2, 1968) 506-508.

Taylor, Carl E.; Rahmi Dirican and Kurt W. Deuschle. Health Manpower Planning in Turkey. Baltimore: The Johns Hopkins Press, 1968.

An example of the needs-demands approach to planning utilizing outside experts. The study had two objectives: (1) to contribute to the health manpower plans of the country so as to better meet the health needs and (2) improve methods of health manpower research. For our interest here, the work constitutes in its first goal a d tum worth examining as a planning effort. The objectives in this area were:

(a) define the present numbers and classifications of health personnel;

(b) identify imbalances in geographical, rural-urban, or social distributions of personnel providing health services;

(c) study utilization patterns of health services and determine present demand for health services in order to identify areas of unmet demand and to project these over a fifteen-year period;

(d) analyze economic factors controlling the potential expansion of health services and the equitable compensation of each category of health manpower;

(e) study educational trends and possibilities for modifying the output and preparation of each category of personnel to fit desired utilization patterns;

(f) explore various possibilities of improving the quality and efficiency of health services within present resources;

(g) evaluate the pilot projects of the national health services and make suggestions for improving the national plan.

The approaches to data gathering are also of interest.

Taylor, Vincent. "How Much is Good Health Worth? Policy Sciences 1 (1970) 49-72.

An interesting suggestion from an economist that health services policy be formed primarily in relation to consumer demand or a subjective-value approach rather than a human-capital development valuation made on the basis of lives and working hours saved with varying investments. It is not clear how the author would integrate his approach with technical and professional desires.

Terreberry, Shirley. "The Evolution of Organizational Environments" Administrative Science Quarterly 12 (1967) 591-613.

One of the few pieces attempting any serious conceptual work with the notion of organizations' environments. Taking off from the work of Emery and Trist, suggests (1) organizational environments are becoming increasingly turbulent; (2) organizations are increasingly important components of organizational environments, and (3) organizational autonomy is decreasing. In some respects, the trend Reisman depicted in The Lonely Crowd for individuals to become "other directed" in the highly complex, industrialized society is here seen for organizations.

Tinbergen, Jan. Central Planning. New Haven: Yale University Press, 1964.

A most valuable conceptual work which attempts to go beyond the concepts of economics applicable in Western industrialized capitalist nations to a set of economic ideas broad enough to cover planning concerns in East and West. The choice of alternatives is not seen as necessarily based on maximization of profits or contribution to the national product. "We must also look for the choice which maximizes the result to be obtained in comparison to the means used." (P. 80) What the author shoots for is called "optimal planning." The concepts he employs in examining planning structures and processes and influences upon them are: actors; the planning task; elements (procedures or contacts between planners and the outside world; timing; methods of forecast; structure of the hierarchy of agencies and persons engaged in planning; information-communication mechanisms); economic processes; conditions; and the society's ideas on the nature and intensity of planning. A valuable appendix presents the beginnings of a typology of planning structures and processes based upon 19 replies to questionnaires sent to 51 governments. These tables are discussed in the text (pp. 32-41.)

United Nations. Decentralization for National and Local Development, New York, 1962, ST/TAO/M/19.

Covers purposes and forms of decentralization; size of areas and number of administrative tiers, including regional considerations; area division of powers and functions; participation and representation of the people; staffing; finances; and "central agencies for rational decentralization and the improvement of local government." The annexes deal with (1) optimum areas for decentralization of the technical services, including a chapter on health with others on education, social services and agriculture; (2) patterns of decentralization in Brazil, Burma, France, India, Poland, Senegal, Sudan, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, Western Nigeria, and Yugoslavia.

vonHofsten, Erland. "The Effect of Social Change and Population Growth on the Health Status of the Nations--Their Implications for Medicine and Allied Health Professions," Journal of Med. Ed. 43 (Feb. 1968) 169-174.

Good example of the influence of specific environmental forces on the health system and the reciprocal impact of health services on those environmental conditions.

Warren, Roland L. "The Impact of New Designs of Community Organization, Child Welfare (Nov. 1965) 494-500.

The relevance of a near myriad of autonomous agencies to the solution of a wide range of urban social and health problems is recognized as is the difficulty of bringing this desperate lot together in a coordinated fashion. The recent rash of planning centers has not helped. Citizen involvement is seen as a promising concerting force. But the relative hopelessness of the situation is seen by the author's analytic distinction of two current planning types:

a) the highly rationalistic but detached from social process and any real effects;
b) the process model of planning as political process with little chance for the introduction of rationality. Warren thinks Braybrooke and Lindbloom are on the right track, more cause for consternation, depending what one thinks of this work. But this article has the merit of recognizing the need for a model of planning qua politics.

Wasserman, Paul with Fred S. Silander. Decision-Making, An Annotated Bibliography. Ithaca, New York: Graduate School of Business and Public Administration, Cornell University, 1958.

The topics covered are: the decision-making process--general and theoretical material; values and ethical considerations; leadership; psychological factors; small group decision-making; communications and information handling; mathematics and statistics in decision-making (this last topic is broken into decision theory; game theory; and operations research). There are author and title indexes.

Waterston, Albert. Planning in Yugoslavia, The Economic Development Institute, International Bank for Reconstruction and Development. Baltimore: The Johns Hopkins Press, 1962.

Excellent analysis of the shift from a disasterous highly central approach to a regional and local approach involving worker councils and participation in planning goals and approaches.

Weinerman, E. Richard. Social Medicine in Eastern Europe. Cambridge, Mass.: Harvard University Press, 1969.

Comparative examination of health systems and problems for future planning in Czechoslovakia, Hungary, and Poland. Based on a field visit in 1967. Weinerman's chapter in this volume draws in part on this work.

White, Paul E. and George J. Vlasak (eds.) Inter-Organizational Research in Health: Conference Proceedings. Washington, D.C.: National Center for Health Services Research and Development, 1970.

Valuable contributions and discussion of attributes, variables and general conditions influencing relationships between organizations of a community or regional health complex. Pertinent empirical studies and theoretical alternatives are referred to and discussed. Empirically oriented propositions are offered. The implications for the study of planning structures and processes are not drawn out, but the way in which planning structures are set up to handle interorganizational cooperation, competition, conflict or lack of exchange is a crucial matter, especially as regards regional and local planning of health services.

Wilkinson, Kenneth P. "Special Agency Program Accomplishment and Community Action Styles: The Case of Watershed Development," Rural Sociology 34 (Mar. 1969) 29-42.

Using watershed development as a point of interest, attempts a classification of community environments in relation to an external agency seeking to foster local development of resources.

Two communities are compared after case studies to illustrate the framework. Community A tends toward the "autonomous action style" with many competing interests and open controversies. Community B approximated the more ideal type of "coordinative action style" which tends to allow a concerted planning approach and citizen involvement in resource development. One of the few works directed toward analysis of planning environments.

W.H.O. Expert Committee. National Health Planning in Developing Countries. Geneva, 1967, Technical Report Series No. 350.

Identifies and discusses previous W.H.O. reports on health planning and includes a selected bibliography on health planning in Latin America, U.S.S.R. and India. This is a thoughtful, "how-to-do-it" piece directed toward four questions: When is a country ready to plan? What machinery does it need for planning? How is planning carried out? Who is to be involved and what training do they need?

The work is strong on identifying relevant data for health planning per se, but weak on conceiving of organizational alternatives and societal priorities and alternatives.

_____. Training in National Health Planning. Geneva, 1970, Technical Report Series No. 456.

One of the more valuable "cook book" statements since it recognizes the need for general models of planning; major variations between countries; the need to develop researchers on and in planning as well as the preparation of planning personnel. As part of a suggested model of comprehensive national health planning, the element of negotiation is recognized and is seen as both political and technical in nature. General content in a recommended health planning curriculum is organized and is seen as both political and technical in nature. It is organized under certain headings. These are concepts of general systems theory; health; behavior; administration; economics; measurement and analysis; health services; planning process. The surprising thing may be that there is as much to teach as there seems to be with so little empirical study of health planning structures and processes available. Clearly, material is being taken from a range of apparently relevant areas and the jump made to health planning through seat-of-the-pants action. Much of the teaching is based, appropriately, on experience. One part of the appendeces attempts to set training levels and standards for personnel carrying out different planning functions. The other part presents curricula offered through the W.H.O. regional offices.

Selected Illustrative Bibliography of Publications Available in English on Comparative Health Service Systems, with Annotations**

E. Richard Weinerman, M.D.*

I. Descriptive Cross-National Studies

A. PUBLICATIONS OF HISTORICAL INTEREST

1. Newsholme, A. INTERNATIONAL STUDIES ON THE RELATION BETWEEN THE PRIVATE AND OFFICIAL PRACTICE OF MEDICINE, WITH SPECIAL REFERENCE TO THE PREVENTION OF DISEASE. London, George Allen and Unwin, Ltd., 1931.

   Critical observations and program descriptions of private and public health service programs throughout the world prior to 1930, with major reference to the preventive function usually associated with official departments of health.

2. Falk, I.S. SECURITY AGAINST SICKNESS-A STUDY OF HEALTH INSURANCE. New York, Doubleday, Doran & Co., 1936.

   A discussion of international experiences in costs of sickness and payment for medical care in the 1930's; descriptions and comparative analysis of national health insurance systems in 4 countries of Western Europe, with projections for the United States.

3. Sigerist, H.E. From Bismarck to Beveridge: developments and trends in social security legislation. BULL. HIS. MED. 8:365, April 1943. (See also this and other collected writings IN On the Sociology of Medicine, M.I. Roemer, Ed. New York, MD Publications, 1960.)

   Historical development of national health programs in selected countries in many parts of the world, with special emphasis on the role of political forces in influencing health care systems.

4. Goldman, F. Foreign programs of medical care and their lessons. New Eng. J. Med. 234:156, 1946.

   Comparative description of the organization and financing of medical care programs in various countries following World War II, with critical discussion of quality and effectiveness according to accepted professional standards of good care.

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** reprinted from Medical Care Vol. IX No. 3 with permission of the editor.

5. Mountain, J.W. and G. St. J. Perrott. Health insurance programs and plans of Western Europe. PUBLIC HEALTH REP. 62:369, 1947.

   Description and comparative analysis of organization, scope of benefits, and financial arrangements characterizing the health insurance systems of 6 countries of Western Europe as observed in 1946, with basic operational data.

6. Grant, J.B. International trends in health care. AMER. J. PUBLIC HEALTH 38:381, 1948.

   Summary and appraisal of world-wide trends in the development of health services in the 1940's, with emphasis upon social factors influencing health needs and demands.

7. Roemer, M.I. Rural health programs in different nations. MILBANK MEM. FUND QUART. 26:58, 1948.

   A dated but still instructive example of cross-national comparative analysis of rural medical care experience in 7 widely scattered countries, applying criteria of good public health standards of that period.

8. Sand, R. The Advance to Social Medicine. London and New York, Staples Press, 1952.

   A classic treatise on the history, theory, and content of health care as a social service, with a perceptive description of systems of social medicine in over 20 countries representing all continents.

B. GENERAL INTERNATIONAL STUDIES

9. Farman, C.H. Health and Maternity Insurance Throughout the World 1954, Social Security Administration, Department of HEW, Washington, February 1954.

   A country-by-country description of principal legislative provisions relating to health and maternity insurance in 48 national programs of social security, including data on both wage loss indemnity and medical care benefits for insured persons.

10. Roemer, M. Medical Care in Relation to Public Health: A Study of the Relationships between Preventive and Curative Medicine Throughout the World. Geneva, World Health Organization, 1956.

    Historical review and analysis of the development of organized health services in various areas of the world, with emphasis upon the role of official agencies of public health, and with projection of future trends.

11. Roemer, M.I. Health departments and medical care-a world scanning. AMER. J. PUBLIC HEALTH 50:154, 1960.

A comparison of American patterns of medical care activity by health departments with those in other world areas, including the presentation of a useful method of categorizing the various national systems of health service organization.

12. Abel-Smith, B. The major patterns of financing and organization of medical services that have emerged in other countries. MEDICAL CARE 3:33, 1965.

Review of the health insurance movement and medical care financing systems in several countries. Three regional patterns are delineated among the more affluent nations: American, Western European, and Eastern European.

13. Roemer, M.I. Workmen's compensation and national health insurance programs abroad. AMER. J. PUBLIC HEALTH 55:209, 1965.

Description and critical discussion of interrelationships between workmen's compensation and general health insurance as reflected in experience to date in selected countries of Europe and the Americas.

14. World Health Organization. Third Report of the World Situation, Geneva, 1966 (processed, in 3 parts).

Detailed information on health status and health service systems as submitted by all W.H.O. Member Nations.

15. U.S. Social Security Administration. Social Security Programs Throughout the World, 1967. Washington, Government Printing Office, 1967.

A compendium of data on the organization, financing, benefit schedules, and legislative status of social insurance programs throughout the world.

16. Roemer, M.I. The Organization of Medical Care under Social Security. Geneva, International Labour Office, 1969.

An up-to-date and detailed study of operational experience in medical care under social security systems in 8 countries of Europe, Asia, and the Americas, based upon technical monographs prepared in each country. Discussion of the evaluation, structure, function, costs and quality of the selected national programs, and analysis of their operation in terms of "direct" and "indirect" arrangements for the provision of the medical care benefits.

C. REPORTS ON EUROPEAN AND AMERICAN COUNTRIES

17. Goldman, F. Public medical care in Great Britain and the Scandinavian countries. NEW ENG. J. MED. 243: 362, 1950.

Description and critical discussion of programs using general tax funds for the support of medical care services and the use of public agencies in the administration of tax-supported facilities in Great Britain, Sweden, Norway, and Denmark, as observed in 1949.

18. Weinerman, E.R. Social Medicine in Western Europe. University of California School of Public Health, Berkeley, June 1951.

Report of a W.H.O. traveling fellowship to 7 countries of Western Europe, with descriptive and critical commentary concerning the organization of health services and the activities of university departments of social medicine in 1950.

19. Roemer, M.I. Health service organization in Western Europe. MILBANK MEM. FUND QUART. 29:139, 1951.

Report of observations of a group of health professionals visiting 4 countries of Western Europe in 1950, with emphasis upon the sociopolitical background, the interplay of public health and medical care activities, and with critical discussion of the adequacy of observed programs and projection of future trends.

20. Evang, K. Medical care in Europe. IN Medical Care in Transition, U.S. Public Health Service Volume II; pp. 15-21, 1964; reprinted from AMER. J. PUBLIC HEALTH April 1958.

Summary of arrangements for the organization and financing of medical care in Western and Eastern Europe, with defense of the public system of administration and the social insurance method of financing.

21. Evang, K., D.S. Murray and W.J. Lear. Medical Care and Family Security-Norway, England, U.S.A., Englewood Cliffs, N.J., Prentice Hall, 1963.

Separate and unrelated descriptions of existing medical care arrangements in 3 "western" countries.

22. Anderson, O.W. Health service systems in the United States and other countries-critical comparisons. IN Medical Care: Social and Organizational Aspects, L.J. De Grott, Ed., Springfield, Ill., Charles C. Thomas, 1966; pp. 213-233; reprinted from NEW ENG. J. MED. 1963.

Analysis of comparable data and critical appraisal of medical care programs in England, Sweden, and the United States.

23. World Health Organization, Regional Office for Europe; Health Service in Europe, Copenhagen, 1965.

Detailed description of available statistics and program information regarding organized health services in European member nations, including a perceptive review of achievements in preventive and therapeutic medical services in the different countries.

24. Mechanic, D. Some notes on medical care systems; contrasts in medical organization between the United States and Great Britain. IN Medical Sociology, A Selective View, New York, The Free Press, 1968; pp. 325-364.

Summary of major historical trends in the organization of health services in two countries.

25. Weinerman, E.R. The organization of health services in Eastern Europe. MEDICAL CARE 6:267, 1968.

Summary of field observations and critical evaluation of programs of health service and medical education in Czechoslovakia, Hungary, and Poland in 1967, with special emphasis on ambulatory services and academic programs of social medicine.

26. Weinerman, E.R. Social Medicine in Eastern Europe. Cambridge, Mass. Harvard University Press, 1969.

The full monograph of which the above article is a summary, includes available cross-national comparative data on health indices and resources and detailed analysis of weaknesses and strengths in the operating programs.

D. REPORTS ON OTHER WORLD AREAS

27. Collings, J.S. General medical care in New Zealand and Great Britain. J. NAT. MED. ASS. 42:65, 1950.

    Comparative report of field observations of general practice under the national health service systems of Great Britain and New Zealand, with commentary on similarities and differences.

28. Bravo, A.L. Development of medical care services in Latin America. IN Medical Care in Transition, U.S. Public Health Service, Washington, D.C., 1964, Volume II, 1-14; reprinted from AMER. J. PUBLIC HEALTH April 1958.

    Description of the national characteristics and socio-political factors influencing the development and operation of medical care programs in various countries of South America; special emphasis is given to details of the program in Chili.

29. Falk, I.S. Medical care in two areas of Southeastern Asia. AMER. J. PUBLIC HEALTH 48:448, 1958.

    Comparative description of health service arrangements in these two Asian countries, with critical appraisal in terms of standard western criteria as interpreted by the author.

30. Roemer, M.I. Medical Care in Latin America. Washington, D.C., Pan American Union, 1963 (processed).

    Detailed report based upon field observations and analysis of available data of health needs and the organization of health services in 5 countries of Central and South America (Brazil, Chili, Peru, Costa Rica, and Mexico), with comparative appraisals and discussion of trends.

31. Fendall, N.R.E. Planning health services in developing countries. PUBLIC HEALTH REP. 78:977, 1963.

    Description and discussion of health care systems for developing countries, especially in Africa, with emphasis on health centers and appropriate health manpower.

32. W.H.O. Expert Committee. National Health Planning in Developing Countries, World Health Organization, Technical Report Series No. 350, Geneva, 1967.

    Presentation and discussion of factors and methods in the planning of organized health programs in developing countries, with emphasis on both environmental and personal health services and on training of planning personnel.

33. National Medical Association. Emergent Africa Number. J. NAT. MED. ASS. 59, 1967.

    A series of articles on various aspects of health needs and programs in African countries, with particular emphasis on environmental and epidemiological problems.

34. King, A. Ed. Medical Care in Developing Countries. London, Oxford University Press, 1966.

    A primer for physicians, and other health planners, describing the development of medical care . . . in a variety of developing countries, particularly African. Emphasis is given to the special problems of economically disadvantaged areas and to the experiences with rural health centers.

35. Fox, T. The antipodes: private practice publicly supported. LANCET pp. 875-879, 933-939, 988-994, April 20, 27, May 4, 1968.

    A physician's eye view of the relationships of government and medical practice in Australia and New Zealand.

II. Studies of Individual Countries

36. Sigerist, H.E. Medicine and Health in the Soviet Union. New York, Citadel Press, 1947.

    A detailed description and analysis by a noted medical historian of the health service program established in the Soviet Union, based on field observations and analysis of data on health resources, indices of disease, and receipt of medical care services in various of the socialist republics.

37. Chen, W.Y. Medicine and public health in China today. PUBLIC HEALTH REP. 76:699, 1961.

    Against the historical background of traditional and modern medical practices, this report reviews publications from the Chinese literature regarding medical training, health services, and scientific progress during the past 10 years; compiled by a Chinese-American epidemiologist now at the N.I.H.

38. Brewster, A.W. and E. Seldowitz. Trends in the National Health Service in England and Wales, 1949-1960. PUBLIC HEALTH REP. 77:735, 1962.

    Analysis of collected data on resources and utilization of services under the British National Health Service during the decade of the 1950s, as a basis for assessment of adequacy and impact.

39. Biorck, G. Trends in the development of medical care in Sweden. MEDICAL CARE 2:156, 1964.

    Description of arrangements for medical care services in Sweden by one professionally involved within the program, with projection of future trends.

40. Halevi, M.S. Health services in Israel: their organization, utilization and financing. MEDICAL CARE 2:231, 1964.

    A useful example of a descriptive and analytic study of medical care experience in one country, with international comparisons of financial and organizational aspects; prepared at the Israeli Ministry of Health.

41. Last, J.M. The organization and economics of medical care in Australia. NEW ENG. J. MED. 272:293, 1965.

    A systematic description and appraisal of arrangements for personal health services in one country.

42. Emery, G.N. New Zealand medical care. MEDICAL CARE 4:159, 1966.

    Historical development of health service organization and resources in New Zealand, including evaluation of hospitals, general medical practice, laboratory and other diagnostic services; prepared by a specialist in social medicine from the University of Otago.

43. Stevens, Rosemary. Medical Practice in Modern England-The Impact of Specialization and State Medicine. New Haven, Conn., Yale University Press, 1966.

    An historical analysis of the development of medical specialization in relation to prevailing patterns of general practice and the workings of the National Health Service, prepared for comparative assessment of similar developments in the United States.

44. Stritesky, Jan. Some observations on the Czechoslovak Health Service. MEDICAL CARE 5:78, 1967.

Concise and perceptive account of the Czech health care system, with appraisal of efficiency of current arrangements; from the research institute in Prague concerned with medical care studies.

45. Field, M.G. Soviet Socialized Medicine-An Introduction. New York, The Free Press, 1967.

A monograph by an experienced scholar on Soviet affairs, based on numerous field studies and analysis of available publications, presenting a political and sociological appraisal of the design and administration of health services in the USSR.

46. Torrey, E.F. Health services in Ethiopia. MILBANK MEM. FUND QUART. 45:275, 1967.

A brief history and description of traditional and modern health service in Ethiopia.

III. Cross-National Research in Specific Aspects of Medical Care

47. Abel-Smith, B. Paying for Health Services-A Study of the Costs and Sources of Finance in Six Countries. PUBLIC HEALTH PAPERS No. 17. Geneva, World Health Organization, 1963.

Collation and analysis of data gathered from field visits and available reports on costs and payments for medical care in Ceylon, Chili, Czechoslovakia, Israel, Sweden, and the United States; the final document represents the work of an expert group of W.H.O. consultants.

48. Hogarth, J. The Payment of the Physician: Some European Comparisons. New York, Macmillan, 1963.

A factual and imaginative analysis of mechanisms for the financing of physicians' services in several European countries.

49. International Labour Office. Medical care protection under social security schemes-a statistical study of selected countries. INT. LABOUR REV. 89:570, 1964.

A quantitative assessment of national health insurance systems throughout the world, with detailed analyses of population coverage, scope of benefits, employment relationships, and financing in 26 countries.

50. White, K.L., D. Andjelkovic, R.J.C. Pearson, J.H. Mabry, A. Ross, and O.K. Sagen. International comparisons of medical care utilization. NEW ENG. J. MED. 277: 516, 1967.

Report of a feasibility study of the influence of organization and financing of medical care on utilization of services in comparable towns in Great Britain, Yugoslavia, and the United States, with discussion of methodological problems and comparative findings; initial results are presented of long-term collaborative work by a multi-national research team.

51. Peterson, O.L., et al. What is value for money in medical care? Experiences in England and Wales, Sweden, and the United States. LANCET 771-776, 1967.

Comparisons of health status, expenditures, resources, and utilization of medical care services in three affluent "western" nations, with discussion of the problems of evaluation due to noncomparable data.

52. Abel-Smith, B. An International Study of Health Expenditure and its Relevance for Health Planning, PUBLIC HEALTH PAPERS No. 32. Geneva, World Health Organization, 1967.

An analysis of available data from 33 countries on health expenditures and their implications for health care planning, with discussion of problems of definition and comparability of data as now compiled in different countries; assessment of economic trends in these countries and indication of the usefulness of economic data for health planning.

IV. Discussions of Research Methodology

53. Roemer, M.I. and R.H. Elling. Sociological research on medical care. J. HEALTH HUM. BEHAV. 4:49-68, 1963.

A critical review of selected sociological studies in the field of medical care, some in reference to health care programs in other countries, with a critique of contemporary research methods and suggestions for needed new investigations.

54. Logan, R.F.L. Assessment of sickness and health in the community. MEDICAL CARE 2:173, 1964, and 2:218, 1964.

A detailed analysis of available mortality and hospital data from 6 European countries, as a basis for discussion of the inadequacy of such data for evaluation purposes and illustration of the advantages of using morbidity and specific utilization data for both health planning and cross-national comparisons.

55. Acheson, R.M. Ed. Comparability in International Epidemiology, Chapter on Medical Care, MILBANK MEMORIAL FUND, Princeton, N.J. 1964; pp. 261-314.

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